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- 2.** The contractor shall collect noncatchment area enrollment applications by mail or other means determined by the contractor.
- 3.** The contractor shall access DEERS to verify eligibility of enrollees and shall update the home address on DEERS.
- 4.** The contractor shall maintain a current record of eligible enrollees in its ADP file which interfaces with the claims processing system. The contractor shall enter enrollment information into its computer system within 10 workdays of receipt by the contractor.
- 5.** The contractor shall electronically submit to DEERS via CHCS-MCP by a computer interface (if CHCS access is required by contract), updated records of enrollees and disenrollees, on a not less than weekly basis.
- 6.** The contractor shall collect annual enrollment fees from TRICARE Prime enrollees. The enrollment fees are prescribed in TRICARE/CHAMPUS Policy Manual, Chapter 12, Section 2.1. Prime enrollees may pay annual enrollment fees in quarterly installments, each equal to one-fourth (1/4) of the total amount, if they prefer. The contractors shall accept payment of enrollment fees by personal checks, travelers' checks, credit cards, money orders, or cashier's checks. The enrollee shall select the method for paying the enrollment fee with the initial enrollment application. The sponsor's status on the effective date of the initial enrollment, or, if it is an annual renewal, the sponsor's status on the effective date of renewal shall determine the appropriate enrollment fee. When TRICARE Prime enrollment changes from an individual to a family prior to annual renewal the unused portion of the enrollment fee, prorated on a quarterly basis, shall be applied toward a new twelve (12) month enrollment period.
- 7.** Enrollment may occur any time during the contract period; however, all enrollment periods shall begin on the first day of the month following the month in which the enrollment application and enrollment fee payment (annual or first quarterly installment), if applicable, are received by the contractor. If an application and fee are received after the twentieth (20th) day of the month, enrollment will be on the first day of the second month after the month in which the contractor received the application. Enrollees who transfer enrollment continue with the same enrollment period and anniversary date. The enrollment transfer, however, is effective the date the gaining contractor receives a signed enrollment application or transfer application (see *Section II.G.4.* below).

  - a.** Sixty (60) days prior to the expiration of the 12-month enrollment period, the contractor shall notify all beneficiaries of their option to re-enroll in TRICARE Prime for another 12-month period. For enrollees in beneficiary categories required to pay an enrollment fee, the contractor shall include in the re-enrollment notice a bill that reflects the two payment options—full payment of the annual fee or payment in quarterly installments. If the decision to continue Prime enrollment and the payment, if applicable, are not received by the thirtieth (30th) calendar day prior to the annual expiration date of enrollment, the contractor shall again notify the beneficiary.
  - b.** The contractor shall automatically disenroll beneficiaries when the renewal decision (for enrollees in beneficiary categories with no fee requirements) or the applicable fees, either the entire annual amount or the first quarterly installment, are not received by the thirtieth (30th) calendar day following the annual expiration date. After the thirtieth (30th) day, the beneficiaries will be disenrolled with an effective date retroactive to

the annual renewal date and will be responsible for the deductible and cost-shares applicable under TRICARE Extra for any health care received during the *thirty (30)-day* grace period. In addition, the beneficiary shall be responsible for the cost of any services received during the 30-day period which may have been covered under TRICARE Prime but are not a benefit under TRICARE Extra, e.g. preventive care. *Beneficiaries whose Prime enrollment is terminated due to failure to pay enrollment fees when required are disqualified from future enrollment in Prime for a period of one (1) year.*

**c.** For beneficiaries paying enrollment fees with quarterly installments, beginning with the second quarter of the annual period, the contractor shall bill the beneficiaries thirty (30) days prior to the due date of the quarterly *installment*. In the event the contractor has not received the quarterly *installment* from the beneficiary five (5) work days after the due date, the contractor shall contact the beneficiary, sponsor, spouse or guardian telephonically to remind the beneficiary of the overdue payment for the enrollment fee and the consequences for non-submittal of the payment. The contractor shall document not less than two (2) separate attempts to contact the beneficiary, sponsor, spouse, or guardian telephonically for non-payment of the quarterly *installment* prior to disenrollment.

**d.** For beneficiaries paying the enrollment fees on a quarterly basis, starting with the second quarterly payment, the beneficiary shall have a thirty (30) day grace period starting from the due date for payment of the quarterly fees. During the period between the payment due date and the payment (not to exceed thirty (30) days) any health care received will be considered to be under Prime and all Prime rules apply during the grace period. If payment for the quarterly fee is not received at the end of the 30-day grace period, the beneficiaries will be responsible for the deductible and cost shares for any health care received after expiration of the 30-day grace period applicable under TRICARE Standard and Extra.

**e.** The contractor shall notify beneficiaries *in categories with no* requirement to pay an enrollment fee sixty (60) calendar days prior to their annual expiration of their enrollment to verify their choice of continued enrollment in TRICARE Prime and to provide any updates to their enrollment information. If a reply is not received by the thirtieth (30th) calendar day prior to the annual expiration date of enrollment, a second notification will be provided to the enrollee. If the contractor is unable to contact or receives no response from the beneficiary, the contractor shall disenroll the beneficiary on the expiration date.

**8.** The contractor shall provide and maintain through electronic interface, all provider network data required to complete the enrollment process on CHCS-MCP, or in the contractor's own system, as required by contract.

## **E. Enrollment Applications**

All TRICARE Prime enrollment applications shall include the following statements:

### **Agency Disclosure Statement**

*Public reporting burden for this collection of information is estimated to average 15 minutes per application, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.*

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beneficiary shall be required to pay only those installments required to cover the period of eligibility.

**NOTE:**

*Contractors shall reimburse the unused portion of the TRICARE Prime enrollment fee to retired TRICARE Prime enrollees (and their families) who have been recalled to active duty. Contractors shall calculate the reimbursement using monthly pro-rating as defined in OPM Part Two, Chapter 11. If the reactivated member's family chooses continued enrollment in TRICARE Prime, the family shall begin a new enrollment period and shall be offered the opportunity to keep its primary care manager, if possible (see TRICARE/CHAMPUS Policy Manual, Chapter 12, Section 7.1). Any enrollment year catastrophic cap accumulations shall be applied to the new enrollment period.*

**7.** The contractor shall include full and complete information about the effects of changes in eligibility and rank in all beneficiary education materials and briefings.

## G. Enrollment Portability

**NOTE:**

*In some Managed Care Regions, the Lead Agent is responsible for administering enrollment portability provisions. Wherever the term "contractor" is used in this section, the term "lead agent" may be substituted where appropriate. The term "contractor" applies to Uniformed Services Family Health Plan (USFHP) designated providers as well as to MCS contractors. The following enrollment portability provisions apply to transfers involving the USFHP.*

TRICARE Prime enrollees retain Prime coverage when they move or travel within an area served by the same contractor or when they move or travel to an area served by a different contractor. Enrollment portability provisions apply to TRICARE Prime enrollees' travel and location changes to and from all areas, including CONUS, Europe, South America, Pacific, Tidewater, Alaska, etc. The contractor for the region in which the beneficiary is enrolled on DEERS is responsible for providing continuing coverage and maintaining catastrophic cap accumulations for the enrollee while the enrollee is traveling or relocating. *TRICARE Prime USFHP enrollees who are not CHAMPUS-eligible may only transfer enrollment from one USFHP designated provider to another USFHP designated provider; they may not transfer to an MCS contractor.*

**1.** A Prime enrollee may transfer enrollment (OPM Part Two, Chapter 11, Definitions) after moving (temporarily or permanently) to a new location. A *CHAMPUS-eligible Prime enrollee who is not relocating may either transfer enrollment from an MCS contractor to a USFHP designated provider or from a USFHP designated provider to an MCS contractor only once during an enrollment period, but may not transfer back to the other plan during that enrollment period.*

**2.** A contractor shall continue to provide health care coverage until the enrollee transfers enrollment to the contractor for the new location, the beneficiary disenrolls, or the beneficiary is disenrolled due to failure to pay required enrollment fees—whichever occurs first. Referral and authorization rules will continue to apply. PCM referrals

are required only for non-emergency specialty or *inpatient* care (see 32 CFR 199.17). Claims for non-emergency care without an authorization shall be processed under the Point Of Service option (see TRICARE/CHAMPUS Policy Manual, Chapter 12, Section 10.1). In no circumstance will retroactive disenrollment be allowed in order to avoid Point of Service cost-sharing provisions. Even though a Prime enrollee who is relocating must request an authorization for nonemergency care from the losing contractor's HCF, the enrollee shall not be required to use a network provider, and the contractor shall ensure that the relocating TRICARE Prime enrollee's copayment is applied correctly to claims for authorized care.

**3.** The TRICARE Prime enrollee who is relocating to another contractor's region or service area (for USFHP designated providers) can transfer enrollment from the losing contractor to the gaining contractor by contacting the gaining contractor during a base's "newcomer orientation," by using the contractor's 800 number, or by visiting the TRICARE Service Center or USFHP. During the initial contact, the gaining contractor shall provide region/site specific educational materials, key telephone numbers, the opportunity to select a new primary care manager, and the opportunity to disenroll completely from TRICARE Prime with no penalty for early disenrollment. If the enrollee chooses disenrollment, the gaining contractor shall notify the losing contractor, and the losing contractor shall update DEERS to reflect the disenrollment.

**4.** On the day the gaining contractor receives a TRICARE Prime beneficiary's signed enrollment application agreeing to a transfer of enrollment to the new region, the beneficiary shall be considered enrolled at the new location and should contact the new PCM, the new region's Health Care Finder, or the USFHP for health care and health related assistance.

**NOTE:**

*The effective date for transfer of enrollment differs from the effective date for initial enrollment. See this section, paragraph D.7. for information on initial enrollment in TRICARE Prime.*

**5.** Within four (4) working days of receipt of a beneficiary's signed enrollment application indicating a transfer of enrollment location, the gaining contractor shall, by written/electronic form, provide the losing contractor with the effective date of enrollment in the new region and ask the losing contractor for the following information: the enrollment anniversary date, the names of enrolled family members, the amount of the enrollment year catastrophic cap accumulation, and, if applicable, the enrollment fee payment option, amount paid, the due date of the next quarterly installment, information about any previous enrollment transfers, and any other information necessary to process the transfer to completion. After receiving a request for enrollment information, the losing contractor has four (4) working days to (a) disenroll the beneficiary on DEERS effective the day before the gaining contractor's effective enrollment date and (b) send the gaining contractor a written/electronic record of the required TRICARE Prime transfer information and notice of DEERS disenrollment. The gaining contractor shall enter the enrollment transfer information into DEERS and CHCS MCP (or the contractor's system) within four (4) working days of receipt.

**6.** TRICARE Prime enrollees in beneficiary categories required to pay enrollment fees (e.g., retirees, retiree family members, etc.) who are relocating to an area served by a different contractor shall be allowed two "out-of-contract" enrollment transfers

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(refer to OPM Part Two, Chapter 11, Definitions) per enrollment year if the second transfer is back to the first contract area of enrollment for the enrollment year. "Within-contract" enrollment transfers are not limited. When TRICARE Prime enrollment changes from one contractor to another prior to the annual renewal for enrollees in beneficiary categories required to pay enrollment fees, future unpaid enrollment fees, such as those paid on a quarterly basis, will be due the gaining contractor. There will be no transfer of funds between contractors, and, if the enrollee relocates to an area where TRICARE Prime is not offered, there shall be no refund of the unused portion of the enrollment fee.

## H. Split Enrollment

### NOTE:

*In some Managed Care Regions, the Lead Agent is responsible for administering split enrollment provisions. Wherever the term "contractor" is used in this section, the term "lead agent" may be applied where appropriate. The term "contractor" also applies to a Uniformed Services Family Health Plan (USFHP) designated provider. Split enrollment provisions apply only to USFHP enrollees who are CHAMPUS-eligible.*

Split enrollment involves different members of the same family enrolled with different TRICARE contractors (MCS contractors/Lead Agents/USFHP designated providers). e.g., the sponsor and spouse live and are enrolled in Prime in TRICARE MCS Region 7 and a college age child lives and is enrolled in Prime in Alaska; or it may involve one or more CHAMPUS-eligible USFHP enrollees and other members of the same family enrolled with one or more MCS contractors. "Split enrollment" provisions apply to TRICARE Prime enrollments in all areas, including CONUS, Europe, South America, Pacific, Tidewater, Alaska, etc. Until the implementation of a national enrollment year catastrophic cap file similar to the Central Deductible and Catastrophic Cap File (CDCF), each contractor shall maintain and track enrollment fees, copayments, and other TRICARE enrollee information for the family members enrolled in its own area. If contractors are notified that the catastrophic cap has been met or exceeded or that more than two family members are enrolled, contractors shall follow the procedures in TRICARE/CHAMPUS Policy Manual, Chapter 12, Section 7.3, paragraph F., to change the enrollment status from single to family enrollment with the same enrollment anniversary for all family members. All catastrophic cap accumulations shall be applied to the new enrollment period.

**1.** Active duty family members have no annual enrollment fee and each may enroll with the contractor providing care in his or her area.

For retirees, their family members, and other enrollees in beneficiary categories required to pay enrollment fees, a family will pay enrollment fees totaling no more than the TRICARE Prime family enrollment fee regardless of the enrollment locations of family members. If the family enrollment fee is not paid on time and the family is disenrolled, individual family members who are enrolled in different regions (and who have not paid single enrollment fees) shall be disenrolled as well. Such disenrolled individuals (previously not required to pay enrollment fees) shall be offered the opportunity to enroll in Prime in their own areas with no penalty.

**2.** Until the Department of Defense establishes the national enrollment year catastrophic cap file, contractors shall notify enrollees who have family members enrolled with different contractors that the family must monitor combined enrollment year

catastrophic cap accumulations since the enrollment year catastrophic cap accumulations are maintained separately by each contractor. Someone must notify one of the contractors that the family's combined accumulations have met or exceeded the enrollment year catastrophic cap. The first contractor notified shall be the "lead" contractor for the purposes of verifying accumulations and notifying other affected contractors. When combined enrollment year catastrophic cap accumulations meet the enrollment year catastrophic cap, then no enrolled family member, regardless of enrollment region, shall be required to pay TRICARE Prime enrollment fees or copayments for the remainder of the enrollment year.

**3.** The lead contractor shall request verification of family member enrollment year catastrophic cap accumulations from the other affected contractors within four (4) working days of notification that the catastrophic cap has been met (e.g., claims recapitulations). The other affected contractors shall provide requested information regarding catastrophic cap accumulations to the lead contractor within four (4) working days of the request. The lead contractor shall verify accumulations, and, if the cap has been met/exceeded, the lead contractor shall notify the other affected contractors within three working days that the family member(s) enrolled within the other contractors' regions are no longer required to pay Prime copayments or enrollment fees for the remainder of the enrollment year. The lead contractor shall also provide all necessary information (e.g., copies of claims recapitulations from all contractors involved) so that contractor(s) may determine if overpayments have been made. The appropriate contractor(s) shall refund overpayments to the enrollee(s) who made the overpayment(s).

**4.** Contractors shall continue to maintain and monitor Fiscal Year catastrophic cap accumulations for enrolled and nonenrolled families as required in TRICARE/CHAMPUS Policy Manual, Chapter 13, Section 14.1 As with nonenrolled beneficiaries, once the Fiscal Year cap has been met for an enrolled individual or family, the contractor shall ensure that beneficiaries pay no more Prime copayments or other applicable out-of-pocket expenses for the rest of the Fiscal Year.

## **I. Disenrollment**

**1.** All enrollees shall have the opportunity to disenroll during the annual re-enrollment period which occurs after twelve (12) months of continuous enrollment. Enrollees may disenroll when they move without a twelve (12) month lockout period. Any move, either within or outside the contract area, qualifies.

**2.** If an enrollee who is not moving and who has not completed 12 months of continuous enrollment requests disenrollment, MTF Commanders (for catchment area residents) shall approve such requests on a case-by-case basis. MTF Commanders or, when applicable, the Lead Agent, will coordinate a request for early disenrollment with the contractor to assure disenrollment is effective on DEERS. The contractor shall maintain a log of the reasons for disenrollment and provide the information to the Lead Agent. There shall be no refunds of paid enrollment fees (with one exception, see paragraph F.6. above); however, the enrollee is not obligated to pay the remaining quarterly fees. Beneficiaries who have not moved and who disenroll from TRICARE Prime before the enrollment anniversary (with the exception of retirees who are recalled to active duty and their family members) and beneficiaries who are disenrolled because of failure to pay enrollment fees shall not be eligible for reenrollment for twelve (12) months.



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### **III. BENEFICIARY EDUCATION**

In addition to its responsibility to provide information to beneficiaries concerning TRICARE Standard Program, the contractor shall have responsibility for developing a beneficiary education program to inform beneficiaries about the TRICARE Prime and TRICARE Extra programs. This program shall include the distribution of education materials to all enrollee households, the provision of educational materials at every TRICARE Service Center and at every Health Benefits Advisor's office, the monthly submission of articles for publication in MTF/base newspapers, participation in all "newcomer orientations" at all bases, and the conducting of general information sessions at each MTF at least every six months.

#### **A. Approval of Beneficiary Education Materials**

All beneficiary education materials, including written materials, briefings, and other methods of publicizing the program, as well as the identification of the media to be used, shall be submitted through the appropriate Lead Agent to the Contracting Officer for approval. The contractor shall forward the material to the appropriate Lead Agents not later than ninety (90) calendar days prior to initiation of health care delivery and one hundred twenty (120) calendar days prior to the start of each subsequent health care delivery period. No beneficiary education materials may be released under any circumstances without prior TRICARE Contracting Officer approval. The beneficiary education materials will be approved for a one-year period.

#### **B. Beneficiary Education Materials**

##### **1. Required Education Materials**

The contractor shall provide educational materials to beneficiaries concerning the TRICARE Prime and TRICARE Extra programs. After enrollment, enrollees shall be provided:

- a.** A subscriber handbook which describes in full detail the terms and nature of the TRICARE Prime Program including eligibility and enrollment, enrollment fees, termination of coverage, covered services and benefits, limitations and exclusions, cost-sharing requirements, out-of-Region or out-of-network services, coordination of benefits, disenrollment procedures to include the result of non-payment of enrollment fees, grievance procedures, Point of Service features, and any other terms and conditions pertinent to the enrolled beneficiary. It shall also provide key telephone numbers (Health Care Finder, etc.).
- b.** A periodic newsletter issued not fewer than three times a year which provides updates related to benefits and coverage, access to providers, etc.
- c.** Literature regarding health/wellness promotion programs offered by contractor.
- d.** The contractor shall provide educational materials to beneficiaries about the portability of their enrollment to a new region. Upon implementing this enrollment portability manual change, the contractor shall publish an information sheet to include in routine mailings (periodic newsletters, quarterly news bulletins, Explanations of Benefits, etc.) to all TRICARE beneficiaries, Health Benefits Advisors,

congressional offices, providers, etc. The information sheet shall explain enrollment portability, what type of out-of-area medical care can be covered under Prime (urgent and emergency), out-of-area authorization requirements and how to get them, and how to get out-of-area care. The educational material shall recommend that an enrollee retain TRICARE Prime coverage while in transit in order to protect the enrollee in emergency care situations. An emphasis should be placed on explaining Point of Service provisions for unauthorized care. The material shall emphasize the importance of contacting the contractor in the new location to transfer enrollment or to disenroll as soon as possible after arrival. The contractor shall include a list (to be maintained and periodically republished) of all TRICARE contractors' 800 numbers for effecting enrollment transfers. The materials shall notify enrollees that families with "split enrollment" (see Section II.H.) must track their own enrollment fees and enrollment year catastrophic cap accumulations when one or more family members are enrolled *with different contractors (including Lead Agents and USFHP designated providers) or in different contract areas* ("split enrollment"). The approval requirements in Section III.A. above apply to these beneficiary education materials. Contractors must include this information with the reprinting of any marketing material, and this information must be available at TRICARE Service Centers for departing personnel.

## **2. Dissemination of Information**

In addition, the contractor shall agree to furnish all beneficiaries, sponsors, providers, and congressional offices with enrollment information and forms, network provider information, Health Care Finder information, *claim* forms, claim completion instructions, the TRICARE Handbook, the Provider Handbook, DEERS information and other informational materials upon request. The contractor shall establish and maintain effective communications with all beneficiaries. (See the OPM Part Two, Chapter 8, Section IX.) The contractor shall forward informational bulletins or stuffers that are enclosed with EOBs to TRICARE Management Activity (TMA) and all Lead Agents upon mailing them to beneficiaries.

### **a. Quarterly News Bulletin**

The contractor shall issue, at least quarterly, a bulletin to providers, congressional offices, and Health Benefit Advisors (HBAs) serving the Regions covering such issues as program changes, processing procedures, announcement of future meetings, etc. After publication, the contractor shall submit copies of all bulletins to the Contracting officer, the appropriate Lead Agent and all MTF Commanders. The Contracting Officer reserves the right to require prerelease review and approval for all bulletins. (See the OPM Part Three, Chapter 1, Section III.A.3. for approval of network provider newsletters prior to release.)

### **b. Special Bulletins**

The contractor shall issue Government-directed special bulletins within thirty (30) calendar days of notice by the Contracting Officer. Cost of Government-directed special bulletins which are required to be sent outside the routine mailings specified in this section will be reimbursed on a change order basis.

## **C. TMA-Required Meetings**

**1.** A fourteen (14) calendar day notice will be provided by the Contracting Officer for all meetings hosted by TMA. The contractor shall provide annual representation

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at two contractor conferences (senior management level) at TMA, two regional contractor and two regional provider conferences, and one Provider Representative meeting at TMA. The contractor shall provide up to four Provider Representatives at up to four (4) additional meetings at the direction of the Contracting Officer per contract year. The cost of attendance at this meeting is included in the contractor's cost for Administrative Support Services.

**2.** The contractor shall provide assistance to TMA in resolving and pursuing Freedom of Information Act (FOIA) requests involving the contractor's proposal submitted during solicitation of a Managed Care Support contract or FOIA issues relative to the contract. The contractor shall provide representatives at the time and places as directed by the Contracting Officer to complete actions under FOIA.

### D. Beneficiary Surveys

In accordance with DoD Instruction 1100.13, and Health Affairs Policy Memorandum 9700012, surveys of military members, retirees and their families must be approved and licensed through issuance of a Report Control Symbol (RCS). Contractors shall not conduct written or telephonic beneficiary surveys without the approval of the TRICARE Management Activity (TMA) Program Analysis and Evaluation Directorate. TMA has an ongoing survey research and analysis program which includes *a periodic* survey of DoD beneficiaries. The survey addresses health status, use of care, satisfaction with military and civilian care, and attitudes toward TRICARE. The data are collected at the catchment area level and can be aggregated to the regional level. Regional reports containing catchment area data are available through the Lead Agent. Contractors shall work with Lead Agents to define both their ongoing and special purpose requirements for survey data. Contractors with special needs not met by an existing instrument may submit surveys, sampling plans, and cost estimates to the TMA Program Analysis and Evaluation Directorate through the Lead Agent for approval and licensing.

